



The Kentucky Laboratory Sentinel

September 2005

As we start a new season, we also are beginning a new grant year. The Cooperative Agreement grant requires that we keep an updated database. To help us with this task, we ask that you please take a moment to fill out the following questionnaire and mail and fax back to the state lab.

100 Sower Blvd. Suite 204 Frankfort, KY 40601 Fax: (502) 564-7019

OR

Fill this questionnaire out electronically at <http://chfs.ky.gov/dph/info/lab/>

Hospital Name _____

Microbiology Supervisor _____

Address _____

Phone Number _____ Fax Number _____

Email address _____

Biosafety Level _____

Accreditation (circle one/all that apply) CLIA Joint Commission CAP

Reference Lab and Address _____

Does your laboratory have protocols in place to rule out Bioterrorism agents? Y or N

Does your laboratory currently participate in the CAP Lab Preparedness Survey? Y or N



**It is time to order the
CAP LPS survey!**

We will be paying for the CAP
LPS survey for 2006. The first
survey will be released on
January 30th.

Sign me up for the LPS 2006

YES NO

If you did not participate in
2005, please include your
CAP number.

**Deadline for responding for
the LPS is October 17th.**

Information about testing of Mycobacteria Specimens at your facility:

Please mark all that apply:

- ☐ Collection of sputum/specimen only ☐ Smear ☐ Culture ☐ Culture Identification
☐ Rapid Sensitivity ☐ Sensitivity Proportion Method ☐ Amplified Direct Sputum Test

If applicable, Please provide the following information:

Method/Instrument used for culture identification _____

Sensitivity Drugs tested _____

Reference Lab used for Mycobacteria _____